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AUG 06 2004

PATENT
DON08 P-1104

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group : 2872
Examiner : A. Amari
Applicant : Brent J. Bos
Serial No. : 10/614,454
Filing Date : July 7, 2003
For : WIDE ANGLE IMAGING SYSTEM

OFFICIAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Via Facsimile: (703) 872-9306

Dear Sir:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

1. Claims As Amended Transmittal Sheet (1 page, in duplicate)
2. Response (16 pages)

YOU SHOULD RECEIVE A TOTAL OF 19 PAGES.

Date: August 6, 2004

Susan L. Gasper
Susan L. Gasper
Van Dyke, Gardner, Linn & Burkhart, LLP
2851 Charlevoix Drive, S.E., Suite 207
P.O. Box 888695
Grand Rapids, Michigan 49588-8695
(616) 975-5500

TAF/slg

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Dear Sir or Madam:

Transmitted herewith is an amendment in the above identified application.
 The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than Small Entity
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate
Total Claims	* 50	Minus	*** 52	= 0	x \$9	\$.00	x \$18
Independent Claims	* 6	Minus	*** 3	= 3	x \$43	\$.00	x \$86
First Presentation of Multiple Dependent Claims					\$145	\$.00	x \$290
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$		\$258.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. Small entity status of this application 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. No additional Fee is required.
3. A check in the amount of \$ _____ is attached.
4. Please charge the fees noted above and any additional fees or credit overpayment to Deposit Account No. 22-0190. A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: August 6, 2004

By Timothy A. Flory
 Timothy A. Flory
 Registration No. 42 540
 2851 Charlevoix Drive, S.E., P.O. Box 888695
 Grand Rapids, MI 49588-8695
 (616) 975-5500

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RESPONSE

Responsive to the Office Action mailed May 6, 2004, Applicant wishes to amend the application as follows:

Amendments to the Specification are page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 14 of this paper.